

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Robert Murray known as
Leviticus BOFMET Lucifer

Write the full name of each plaintiff.

No. 21CV6718 (L-J-L)
(To be filled out by Clerk's Office)

Amended

COMPLAINT

(Prisoner)

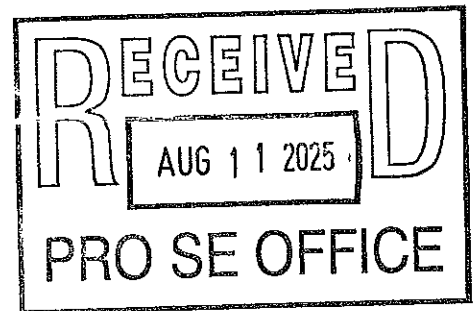
-against-

City of N.Y. Dept. Eco, Capt. Rogers #506,
C.O. Lewis #5517, C.O. Murray #4306, C.O. Stevens #5292,
C.O. Christian Rosario, C.O. Joseph Sheehan,
C.O. Gary Davis

Do you want a jury trial?

☐ Yes ☒ No

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.



NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☐ Other: _____

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

Robert Lee Murray
 First Name Middle Initial Last Name

Leviticus Buford Lucker

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

KIRBY Forensic PSYCHIATRIC CENTER Ward 3A
 Current Place of Detention

102 River edge Rd. WARD Island
 Institutional Address

NEW YORK NY 10035
 County, City State Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

- ☒ Pretrial detainee
☐ Civilly committed detainee
☐ Immigration detainee
☐ Convicted and sentenced prisoner
☐ Other: _____

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:	<u>Courtney</u>	<u>Rogers</u>	<u>506</u>
	First Name	Last Name	Shield #
	<u>Captain</u>		
	Current Job Title (or other identifying information)		
	<u>75-20 Astoria Blvd - Suite 305</u>		
	Current Work Address		
	<u>E. Elmhurst</u>	<u>N.Y.</u>	<u>11370</u>
	County, City	State	Zip Code
Defendant 2:	<u>Christopher</u>	<u>Lewis</u>	<u>5517</u>
	First Name	Last Name	Shield #
	<u>Correction Officer</u>		
	Current Job Title (or other identifying information)		
	<u>16-00 Hazen Street</u>		
	Current Work Address		
	<u>E. Elmhurst</u>	<u>N.Y.</u>	<u>11370</u>
	County, City	State	Zip Code
Defendant 3:	<u>Rudolph</u>	<u>Murray</u>	<u>4366</u>
	First Name	Last Name	Shield #
	<u>Correction Officer</u>		
	Current Job Title (or other identifying information)		
	<u>16-00 Hazen Street</u>		
	Current Work Address		
	<u>E. Elmhurst</u>	<u>N.Y.</u>	<u>11370</u>
	County, City	State	Zip Code
Defendant 4:	<u>Derrick</u>	<u>Stevens</u>	<u>5292</u>
	First Name	Last Name	Shield #
	<u>Correction Officer</u>		
	Current Job Title (or other identifying information)		
	<u>16-00 Hazen Street</u>		
	Current Work Address		
	<u>E. Elmhurst</u>	<u>N.Y.</u>	<u>11370</u>
	County, City	State	Zip Code

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 5 Christian Rosario
 First Name Last Name Shield #
Correction Officer
 Current Job Title (or other identifying information)
75-20 Astoria Blvd Suite 305
 Current Work Address
E. Elmhurst N.Y. 11370
 County, City State Zip Code

Defendant 6 Joseph Sheehan
 First Name Last Name Shield #
Correction Officer
 Current Job Title (or other identifying information)
75-20 Astoria Blvd. Suite 305
 Current Work Address
E. Elmhurst N.Y. 11370
 County, City State Zip Code

Defendant 7 Gary Davis
 First Name Last Name Shield #
Correction Officer
 Current Job Title (or other identifying information)
75-20 Astoria Blvd. Suite 305
 Current Work Address
E. Elmhurst N.Y. 11370
 County, City State Zip Code

Defendant 8
 First Name Last Name Shield #
 Current Job Title (or other identifying information)
 Current Work Address
 County, City State Zip Code

V. STATEMENT OF CLAIM

Place(s) of occurrence: AMKC-C95-CT1) Bellevue hospital

Date(s) of occurrence: NOV 2020 (2020) (NOV 14-15-16 2020)

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

List of witness

Ms Ginger Lopez

2 John Doe and 1 name P.O. Mashel

of the Date arrived to amkc-C95-CT1
Riker Island

I going to repeat this again

I was Not on Riker on the 13 of
NOV 2020

I got there on the 14 of NOV

Escorted By 2 P.O.'s

On Nov. 14, 2020, I, Robert L. Murray, was taken to AMKC intake by two parole officers. I was logged in and the P.O.'s left. I layed on the floor due to the cell being ~~over~~ crowded. The defendant's lawyers told the courts I was in the system on Nov. 13, 2020. That is false. I got to The Riker's Island Facility on Nov. 14, 2020 so the incident had to have occurred on the morning of Nov. 15, 2020, i

I would like the court to subpoena the two parole officers that dropped me off on Riker's Island. I'm making the request so that the P.O.'s can confirm that I was dropped off on Nov. 14, 2020

These are the ~~Statement~~ of Facts to support my claim against the city.

I got to The Riker's Island Facility on Nov 14 2020. I slept so it had to be the morning of Nov. 15, 2020

On Nov. 14, 2020 I was locked up on a parole violation. I was to Riker's Island C-95 receiving room. When I got there I was placed in a cell after being logged into the facility. I fell asleep and woke up to the sound of a female C.O. saying that she was going to give out two boxes of cereal. Then a male C.O. stepped in and said that he would do it. When the female walked away the male said that he was only giving out one box. He gave me and the other inmates 1 box of cereal. I threw mines at the gate. The C.O. then walked away.

~~The~~ C.O. returned with 5 to 7 officers and one female Capt. I was told to step out of the cell. I complied and was escorted to a strip search area. I was surrounded by the officers and they had their chemical agents in their hand and ordered me to remove my clothes. I did as I was told because I was in fear of my life. One of the officers told me to turn around and place my hands on the wall and not to move.

Claim(1) I looked around and saw all of the officers standing with their chemical agents in their hands. An officer inserted a condom on as the female capt. watched. He vigorously inserted his penis into my rectum and my mind began racing to where I lost consciousness. The last thing I heard was "This is what we do to gangsters"

Claim(2) After the sexual assault I was placed into a cell. A captain and deputy came by the cell and I informed them of what happened to me in the search area. They told me that they would look into it. 5 minutes after I talked to them the officers that sexually assaulted me walked up to the cell that I was in. They entered the cell and came after me. I ran to the back of the cell where there was a clogged toilet. I put my hand in the toilet and began throwing what was in the toilet at the officers in fear for my life. At that time they retreated from the cell. Then an extraction team came and told me to put my hands through the slot to get cuffed. I did as I was told explaining that I did what I did out of fear for my life.

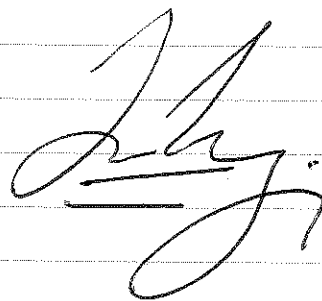
Claim(3) I was taken to the clinic where I saw a Doctor. I informed him of what happened to me in the search area. He told me to go back to my cell and he would put it in my medical records. I then told him that if he didn't send me to an outside hospital it's going to be a situation. He checked my underwear and noticed the blood and fecal matter. The doctor then told the female ~~captain~~ that he was sending me to an outside hospital. She responded by saying "No, send him back to his cell". I told him that they are going to have to kill me.

Claim(4) Then a Dept. Foo came and had 2 John Doe officers put cuffs on me. The cuffs were so tight that they cut into my skin. When I got to the hospital I was crying due to the cuffs being so tight. The hospital staff asked the officers to loosen the cuffs but the officers refused and to the hospital staff that they were ordered not to loosen the cuffs by Dept. Foo. The date was Nov. 16 2020

Claim(5) When I saw the rape specialist she asked me what happened. I told her and I was seen at Bellevue Hospital where a rape kit was administered. According to her there was evidence that I, Robert L. Murray, was raped. There was bleeding through my rectal area and I was in pain for several days.

Claim(6) I called Ginger Lopez when I got back to the facility. I told her about the incident and she sent a complaint to D.O.C. to preserve the video footage of that area from Nov 14th, 15th and 16th 2020 during and after the incident. Therefore the tape should be preserved of me coming in and going out. I was sent out the facility on Nov. 16 2020 to Bellevue Hospital

From Robert Murray
Hebrew LEViticus Lucker

A handwritten signature in black ink, appearing to be 'R. Murray' or similar, written in a cursive style.

nightmares

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

nightmares

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

as the court see just and proper

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

8-2-25 _____
Dated _____
First Name _____ Middle Initial _____ Last Name _____
Prison Address _____
County, City _____ State _____ Zip Code _____

Date on which I am delivering this complaint to prison authorities for mailing: _____

Rob at Murray / Levitt's letter
MANHATTAN PSYCHIATRIC CENTER
KIRBY FORENSIC PSYCHIATRIC CENTER
WARD'S ISLAND COMPLEX
NEW YORK, NEW YORK 10035-6095

WARD 3A

Legal mail

TO: Press Office
US Court House
(SDNY)
500 Pearl Street
New York, NY 10007

